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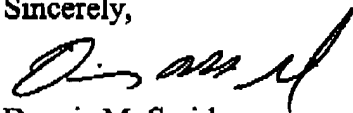
	TO:	FROM:
NAME:	Ms. Toi Johnson	Dennis M. Smid
FIRM/COMPANY:	U.S. Patent and Trademark Office	LDLK&M
FAX NO.:	571-273-6601	(908) 654-7866
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DATE:	June 1, 2005	CLIENT
# PAGES (TOTAL):	2	MATTER

Dear Ms. Johnson:

Pursuant to your request during our telephone conversation today, enclosed is the Change of Correspondence Address form for Application Serial No. 10/043,454.

Thank you again for your assistance in this matter, and if you need anything further, please do not hesitate to contact us.

Sincerely,



Dennis M. Smid
 Enclosure

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PTO/SB/122 (04-05)

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CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/043,454
	Filing Date	January 11, 2002
	First Named Inventor	Dennis M. Smid
	Art Unit	3635
	Examiner Name	Brian E. Glessner
	Attorney Docket No.	

Please change the Correspondence Address for the above-identified application to:

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I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or agent of record. Registration Number 34,930
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature		
Typed or Printed Name	Dennis M. Smid	
Date	June 1, 2005	Telephone (908) 654-5000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

<input type="checkbox"/> *Total of 1 forms are submitted.
